

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

| | For Ecology Use |
|---|-----------------|
|] | Fee Paid |
| | Date |

| Address 5749 Old Hwy 410 SW City Olympia State Wa Zip+ Section 2. CONTACT - PERSON TO CAL Same as above Same Jerome W. Morrissette & Assoc. attn Steve Williame Jerome W. Morrissette & Assoc. attn Steve Williaming Address 1700 Cooper Pt. Rd. SW #B-2 City Olympia State Wa Zip+4 Relationship to applicant Consulting Engineer Section 3. STATEMENT OF INTENT | 498512FAX L ABOUT THE A ieHome Tel Work Tel: | : \PPLI : | (360) 3 | N | | | |
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| Section 2. CONTACT - PERSON TO CAL Same as above Same Jerome W. Morrissette & Assoc. attn Steve Williaming Address 1700 Cooper Pt. Rd. SW #B-2 StyOlympia State_Wa_Zip+4_ Relationship to applicant_Consulting Engineer | L ABOUT THE A | APPLI | (360) 3 | N | | | |
| Same as above Jame Jerome W. Morrissette & Assoc. attn Steve Williame Jerome Jerome W. Morrissette & Assoc. attn Steve Williame Jerome Je | ie Home Tel | : | (360) 3 | | | | |
| Mailing Address 1700 Cooper Pt. Rd. SW #B-2 City Olympia State Wa Zip+4 Relationship to applicant Consulting Engineer | Work Tel: | | (360) 3 | | | | |
| City Olympia State Wa Zip+4_ telationship to applicant Consulting Engineer | | | | 52 OAEC | | | |
| telationship to applicant_Consulting Engineer | 98502 FAX: | | | | | | |
| | | W 10 2 | (360) 3 | 52-9990 | | | |
| | | | | | | | |
| The applicant requests a permit to use not more than for the purpose(s) of Domestic Use | 70 gallons per r | ninute | I from a | ground water | | | |
| Stimate a maximum annual quantity to be used in acre-feet Check if the water use is proposed for a short-term proje From | ect. Indicate the period | | | | | | |
| If SURFACE WATER | If GROUNDWATE | ER | | | | | |
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: | A permit is desired for 1 well(s). | | | | | | |
| Source flows into (name of body of water): | Size & depth of well(s): 10"x180 ft | | | | | | |
| LOCATION | | | | | | | |
| Enter the north-south and east-west distances in feet fr section corner: 298 ft North and 740 ft West of the ce | 1.51 | | | | | | |
| 1/4 of Section Township Range(E/W | () County | If loca | | e is platted, complete low: | | | |
| SE NW 13 18 N 3 W | Thurston | Lot | Block | Subdivision | | | |
| SE NW 13 18 N 3 W | | | | | | | |

ECY 040-1-14 Rev. 7/97 * * f

APPLICATION

Appl. No.: 6 2-30188

| A. | Name of system, if named: Mud Bay Water System |
|-----------|--|
| B. | Briefly describe your proposed water system. (See instructions.) Replace a community water system's supply source and provide distribution system replacment and improvements. The existing GWI designated spring source will be replaced with a well. Failing water mains shall be replaced and adequate flow volume supplied to the system. Distribution system improvements include the installation of service meters, source meters, shut-off valves, security devices, etc. |
| C. | Yes Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. |
| | ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION completed for all domestic/public supply uses.) |
| Α. | Number of "connections" requested: 92 Type of connection Homes |
| | (Homes, Apartment, Recreational, etc. |
| B. | Yes Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. NA |
| | Note: Regional water systems are identified by your County Health Department. |
| Con | plete C. and D. only if the proposed water system will have fifteen or more connections. |
| Con | |
| C. | Yes Do you have a current water system plan approved by the Washington State Department of |
| | Health? If yes, when was it approved?Dec 30, 2002Please attach the current approved version of your plan. |
| D. | Yes Do you have an approved conservation plan? If yes, when was it approved? Dec 30, 2002 Please attach the current approved version of your plan. |
| | |
| | ction 7. IRRIGATION/AGRICULTURALFARM INFORMATION complete for all irrigation and agriculture uses.) |
| (0) | implete for all irrigation and agriculture uses.) |
| A. | Total number of acres to be irrigated: |
| B. | List total number of acres for other specified agricultural uses: |
| D, | |
| | UseAcres |
| | UseAcres |
| C | UseAcres |
| C. | Total number of acres to be covered by this application: |
| D. | Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). |
| | 1. Is the combined acreage greater than 2000 acres? 2. Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no: Yes Yes |
| E. | Farm uses: |
| <i></i> , | Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking |

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

Yes

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Olympia, drive west on Hwy 101 to Mud Bay Rd. exit. At end of off-ramp, turn left onto 2nd Ave SW. Drive west on 2nd Ave. Well site is on the North side of 2nd Ave across from Westhampton Ln SW. Well is 298'+/- north of centerline of 2nd Ave.

Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

Yes A. Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): Applicant is Mud Bay Water system. The owners are shareholders of the water system. Please see attached list of shareholders.

Does the applicant own the land on which the water source is located? If no, submit a copy of agreement.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Pres. mad

Applicant (or authorized representative)

Same

4-16-04 Date 4-16-04 Date

Landowner for place of use (if same as applicant, write "same")

RECEIVED FROM Jerone w Mary settle + Associates
fon + Rollon - Mary settle + Associates
DOLLARS 10.00 E C O L O G Y PURPOSE: Water Malt. By B. Jaylon WASHINGTON STATE RECEIPT 203183 DATE 41/16/04

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